

Exhibit A

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: EEOC Agency(ies) Charge No(s): 410-2022-05371			
and EEOC					
_____ <i>State or local Agency, if any</i>					
Name (indicate Mr., Ms., Mrs.) Henrimae Price		Home Phone (646) 589-1701	Year of Birth <div style="background-color: black; width: 50px; height: 20px; margin: 0 auto;"></div>		
Street Address 9777 Washington Cir JONESBORO, GA 30238					
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)					
Name State of Georgia/DHS		No. Employees, Members 501+ Employees	Phone No. (404) 656-5680		
Street Address 2 Peachtree St ATLANTA, GA 30303					
Name 		No. Employees, Members 	Phone No. 		
Street Address 		City, State and ZIP Code 			
DISCRIMINATION BASED ON Race, Retaliation		DATE(S) DISCRIMINATION TOOK PLACE <table style="width: 100%;"> <tr> <td style="width: 50%;">Earliest 12/01/2021</td> <td style="width: 50%;">Latest 05/19/2022</td> </tr> </table>		Earliest 12/01/2021	Latest 05/19/2022
Earliest 12/01/2021	Latest 05/19/2022				
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>I was hired by the above-named employer in April 2021, as a Social Services Administrator. As a Social Services Administrator in Fulton County's Division of Family and Children Services, I supervised Social Service Supervisors and Case Managers. Beginning on or around December 1, 2021, I and numerous other African American employees began making complaints about being overworked due to a shortage of staff, unsafe working conditions with teenage foster care children living in the same building that we worked at, a lack of resources, and a lack of support from the Regional Leadership. Upon information and belief, White Case Managers and Supervisors located in the Division of Family and Children Services in Cherokee County also complained about being overworked and a lack of resources. To show their dissatisfaction, White Case Managers and Supervisors in Cherokee County failed to report to work on the same day in April or May 2022. As a result of the Case Managers and Supervisors not reporting to work, the Regional Leadership addressed their concerns, and some employees received a pay increase. On May 12, 2022, I reported off work due to illness. I also got a doctor's note for my absence. To my knowledge, several other African American Case Managers, Supervisors, and Administrators also reported off due to illness. On May 13, 2022, I was notified by Human Resources that I was being suspended without pay, pending an internal investigation. The employer also suspended several other African American Case Managers, Supervisors and Administrators</p>					
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY – When necessary for State and Local Agency Requirements			
I declare under penalty of perjury that the above is true and correct. Digitally Signed By: Henrimae Price 11/05/2022 <div style="text-align: center;"><i>Charging Party Signature</i></div>		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)			

EEOC Form 5 (11/09)

<p style="text-align: center;">CHARGE OF DISCRIMINATION</p> <p style="text-align: center;">This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</p>	<p>Charge Presented To: Agency(ies) Charge No(s):</p> <p style="text-align: center;">EEOC 410-2022-05371</p>
<p style="text-align: right;">and EEOC</p> <hr/> <p style="text-align: center;"><i>State or local Agency, if any</i></p>	

who worked in Fulton County. Thereafter, I submitted my doctor's note to support my absence from work. I was also interviewed by the Office of Inspector General regarding my absence from work on May 12, 2022. I informed the Office of Inspector General that I was absent due to illness. On May 19, 2022, I was discharged. The employer did not provide me with a reason for the discharge. I believe that I have been subjected to discrimination because of my race (African American) and in retaliation for engaging in a protected activity, in violation of Title VII of the Civil Rights Act of 1964, as amended. I also believe that African Americans have been subjected to discrimination as a class, because of their race and in retaliation for engaging in a protected activity, in violation of Title VII of the Civil Rights Act of 1964, as amended.

<p>I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.</p>	<p>NOTARY – <i>When necessary for State and Local Agency Requirements</i></p>
<p>I declare under penalty of perjury that the above is true and correct.</p> <p>Digitally Signed By: Henrimae Price</p> <p>11/05/2022</p> <p style="text-align: right;"><i>Charging Party Signature</i></p>	<p>I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.</p> <p>SIGNATURE OF COMPLAINANT</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)</p>

CP Enclosure with EEOC Form 5 (11/09)

PRIVACY ACT STATEMENT: Under the Privacy Act of 1974, Pub. Law 93-579, authority to request personal data and its uses are:

1. **FORM NUMBER/TITLE/DATE.** EEOC Form 5, Charge of Discrimination (11/09).
2. **AUTHORITY.** 42 U.S.C. 2000e-5(b), 29 U.S.C. 211, 29 U.S.C. 626, 42 U.S.C. 12117, 42 U.S.C. 2000ff-6.
3. **PRINCIPAL PURPOSES.** The purposes of a charge, taken on this form or otherwise reduced to writing (whether later recorded on this form or not) are, as applicable under the EEOC anti-discrimination statutes (EEOC statutes), to preserve private suit rights under the EEOC statutes, to invoke the EEOC's jurisdiction and, where dual-filing or referral arrangements exist, to begin state or local proceedings.
4. **ROUTINE USES.** This form is used to provide facts that may establish the existence of matters covered by the EEOC statutes (and as applicable, other federal, state or local laws). Information given will be used by staff to guide its mediation and investigation efforts and, as applicable, to determine, conciliate and litigate claims of unlawful discrimination. This form may be presented to or disclosed to other federal, state or local agencies as appropriate or necessary in carrying out EEOC's functions. A copy of this charge will ordinarily be sent to the respondent organization against which the charge is made.
5. **WHETHER DISCLOSURE IS MANDATORY; EFFECT OF NOT GIVING INFORMATION.** Charges must be reduced to writing and should identify the charging and responding parties and the actions or policies complained of. Without a written charge, EEOC will ordinarily not act on the complaint. Charges under Title VII, the ADA or GINA must be sworn to or affirmed (either by using this form or by presenting a notarized statement or unsworn declaration under penalty of perjury); charges under the ADEA should ordinarily be signed. Charges may be clarified or amplified later by amendment. It is not mandatory that this form be used to make a charge.

NOTICE OF RIGHT TO REQUEST SUBSTANTIAL WEIGHT REVIEW

Charges filed at a state or local Fair Employment Practices Agency (FEPA) that dual-files charges with EEOC will ordinarily be handled first by the FEPA. Some charges filed at EEOC may also be first handled by a FEPA under worksharing agreements. You will be told which agency will handle your charge. When the FEPA is the first to handle the charge, it will notify you of its final resolution of the matter. Then, if you wish EEOC to give Substantial Weight Review to the FEPA's final findings, you must ask us in writing to do so within 15 days of your receipt of its findings. Otherwise, we will ordinarily adopt the FEPA's finding and close our file on the charge.


NOTICE OF NON-RETALIATION REQUIREMENTS

Please **notify** EEOC or the state or local agency where you filed your charge **if retaliation is taken against you or others** who oppose discrimination or cooperate in any investigation or lawsuit concerning this charge. Under Section 704(a) of Title VII, Section 4(d) of the ADEA, Section 503(a) of the ADA and Section 207(f) of GINA, it is unlawful for an *employer* to discriminate against present or former employees or job applicants, for an *employment agency* to discriminate against anyone, or for a *union* to discriminate against its members or membership applicants, because they have opposed any practice made unlawful by the statutes, or because they have made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under the laws. The Equal Pay Act has similar provisions and Section 503(b) of the ADA prohibits coercion, intimidation, threats or interference with anyone for exercising or enjoying, or aiding or encouraging others in their exercise or enjoyment of, rights under the Act.

CHARGE OF DISCRIMINATION		AGENCY <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	CHARGE NUMBER 410-2023-07781
This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.			
and EEOC			
<i>State or local Agency, if any</i>			
NAME (Indicate Mr., Ms., Mrs.) Ms. Quianna Crane		HOME TELEPHONE (Include Area Code) 404-411-1541	
STREET ADDRESS 308 Chase Ridge Dr.		CITY, STATE AND ZIP CODE Riverdale, GA 30296	DATE OF BIRTH <div style="background-color: black; width: 100px; height: 20px;"></div>
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)			
NAME State of Georgia/DHS	NUMBER OF EMPLOYEES, MEMBERS 501+	TELEPHONE (Include Area Code) 404-656-5680	
STREET ADDRESS 2 Peachtree Street		CITY, STATE AND ZIP CODE Atlanta, GA 30303	COUNTY Fulton
NAME		TELEPHONE NUMBER (Include Area Code)	
STREET ADDRESS		CITY, STATE AND ZIP CODE	COUNTY
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify)		DATE DISCRIMINATION TOOK PLACE 5/19/2022 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>I was employed with the of Georgia Department of Human Services as a Social Service Specialist for the Fulton County Department of Family and Children Services ("DFCS"). I worked with Social Workers to provide child protective services for children in the Fulton County foster care system. We served predominantly African-American families and children.</p> <p>I along with other African American employees complained to Leadership Officials about excessive workloads, lack of resources, the inability to perform follow up assessments with families and children in need, and unsafe working conditions caused by Respondent allowing teenage foster care children to reside in the office building where we worked daily, subjected to dangerous conditions, unsafe housing and insufficient oversight.</p> <p>Workers in my office were advised that the Cherokee County DFCS Caucasian workers, all failed to report to work for one day in April or May 2022, to get Leadership to address their grievances. Regional Leadership addressed the Cherokee County workers' concerns, and some Cherokee workers received pay increases.</p> <p>On May 12, 2022, I along with several African American social workers in Fulton County were out sick for various reasons. I received prior approval to be on leave on May 12, 2022. On May 13, 2022, Respondent suspended us all without pay. On May 19, 2022, Respondent terminated my employment, along with several African-American workers. [Continued below].</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - (When necessary for State and Local Requirements) I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
I declare under penalty of perjury that the foregoing is true and correct. 11 / 07 / 2022 Date		SIGNATURE OF COMPLAINANT Quianna Crane SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)	
Charging Party (Signature)			

EEOC FORM 5 (REV 3101)

I believe I have been discriminated against because of my race and that African Americans have been subjected to discrimination as a class in violation of Title VII of the Civil Rights Act of 1964, as amended.

CHARGE OF DISCRIMINATION		AGENCY <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	CHARGE NUMBER 410-2023-07915
This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.			
and EEOC			
State or local Agency, if any			
NAME (Indicate Mr., Ms., Mrs.) RECEIVED AT ATDO EEOC ON 11/9/2022 Ms. Mikkita Dean		HOME TELEPHONE (Include Area Code) 404-944-3990	
STREET ADDRESS 3852 Augustine Pl		CITY, STATE AND ZIP CODE Rex, GA 30273	
DATE OF BIRTH <div style="background-color: black; width: 100px; height: 20px;"></div>			
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)			
NAME State of Georgia/DHS	NUMBER OF EMPLOYEES, MEMBERS 501+	TELEPHONE (Include Area Code) 404-656-5680	
STREET ADDRESS 2 Peachtree Street		CITY, STATE AND ZIP CODE Atlanta, GA 30303	
COUNTY Fulton			
NAME		TELEPHONE NUMBER (Include Area Code)	
STREET ADDRESS		CITY, STATE AND ZIP CODE	
COUNTY			
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLORED <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify)		DATE DISCRIMINATION TOOK PLACE 5/19/2022	
		<input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>I was employed with the of Georgia Department of Human Services as a Social Service Administrator for the Fulton County Department of Family and Children Services ("DFCS"). I worked with Social Workers to provide child protective services for children in the Fulton County foster care system. We served predominantly Black families and children.</p> <p>I along with other African American employees complained to Leadership Officials about excessive workloads, lack of resources, the inability to perform follow up assessments with families and children in need, and unsafe working conditions caused by Respondent allowing teenage foster care children to reside in the office building where we worked daily, subjected to dangerous conditions, unsafe housing and insufficient oversight.</p> <p>Workers in my office were advised that the Cherokee County DFCS White workers, all failed to report to work for one day in April or May 2022, to get Leadership to address their grievances. Regional Leadership addressed the Cherokee County workers' concerns, and some Cherokee workers received pay increases.</p> <p>On May 12, 2022, I along with several African American social workers in Fulton County were out sick for various reasons. I was present at work on May 12, 2022. On May 13, 2022, Respondent suspended us all without pay. On May 19, 2022, Respondent terminated my employment, along with several African-American workers. [Continued below].</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - (When necessary for State and Local Requirements)	
I declare under penalty of perjury that the foregoing is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
11 / 07 / 2022 Date		SIGNATURE OF COMPLAINANT	
 Charging Party (Signature)		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)	


EEOC FORM 5 (REV 3101)

I believe I have been discriminated against because of my race and that African Americans have been subjected to discrimination as a class in violation of Title VII of the Civil Rights Act of 1964, as amended.

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.		AGENCY <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	CHARGE NUMBER 410-2023-07917
_____ and EEOC State or local Agency, if any			
NAME (Indicate Mr., Ms., Mrs.) RECEIVED AT ATDO EEOC ON 11/9/2022 Ms. Idella Green		HOME TELEPHONE (Include Area Code) 517-974-1608	
STREET ADDRESS 7267 Woodcreek Way		CITY, STATE AND ZIP CODE Douglasville, GA 30134	
DATE OF BIRTH [REDACTED]			
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)			
NAME State of Georgia/DHS		TELEPHONE (Include Area Code) 404-656-5680	
STREET ADDRESS 2 Peachtree Street		CITY, STATE AND ZIP CODE Atlanta, GA 30303	
COUNTY Fulton		NAME _____	
TELEPHONE NUMBER (Include Area Code) _____		STREET ADDRESS _____	
CITY, STATE AND ZIP CODE _____		COUNTY _____	
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLORED <input type="checkbox"/> SEX <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RELIGION <input type="checkbox"/> OTHER (Specify) _____		DATE DISCRIMINATION TOOK PLACE 5/19/2022 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>I was employed with the of Georgia Department of Human Services as a Social Service Supervisor for the Fulton County Department of Family and Children Services ("DFCS"). I worked with Social Workers to provide child protective services for children in the Fulton County foster care system. We served predominantly Black families and children.</p> <p>I along with other African American employees complained to Leadership Officials about excessive workloads, lack of resources, the inability to perform follow up assessments with families and children in need, and unsafe working conditions caused by Respondent allowing teenage foster care children to reside in the office building where we worked daily, subjected to dangerous conditions, unsafe housing and insufficient oversight.</p> <p>Workers in my office were advised that the Cherokee County DFCS White workers, all failed to report to work for one day in April or May 2022, to get Leadership to address their grievances. Regional Leadership addressed the Cherokee County workers' concerns, and some Cherokee workers received pay increases.</p> <p>On May 12, 2022, I along with several African American social workers in Fulton County were out sick for various reasons. I received prior approval to be absent on May 12, 2022. On May 13, 2022, Respondent suspended us all without pay. On May 19, 2022, Respondent terminated my employment, along with several African-American workers. [Continued below].</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - (When necessary for State and Local Requirements) I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
I declare under penalty of perjury that the foregoing is true and correct.		SIGNATURE OF COMPLAINANT _____	
11 / 07 / 2022 Date Charging Party (Signature) <i>Idella Green</i>		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)	

EEOC FORM 5 (REV 3101)

I believe I have been discriminated against because of my race and that African Americans have been subjected to discrimination as a class in violation of Title VII of the Civil Rights Act of 1964, as amended.

CHARGE OF DISCRIMINATION		AGENCY <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	CHARGE NUMBER 410-2023-07916
This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.			
and EEOC			
State or local Agency, if any			
NAME (Indicate Mr., Ms., Mrs.) RECEIVED AT ATDO EEOC ON 11/9/2022 Ms. Chauntevia Flowers		HOME TELEPHONE (Include Area Code) 215-906-6859	
STREET ADDRESS 615 3rd. Ave., Unit #20		CITY, STATE AND ZIP CODE Decatur, GA 30030	
DATE OF BIRTH <div style="background-color: black; width: 100px; height: 20px;"></div>			
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)			
NAME State of Georgia/DHS	NUMBER OF EMPLOYEES, MEMBERS 501+	TELEPHONE (Include Area Code) 404-656-5680	
STREET ADDRESS 2 Peachtree Street		CITY, STATE AND ZIP CODE Atlanta, GA 30303	
COUNTY Fulton			
NAME		TELEPHONE NUMBER (Include Area Code)	
STREET ADDRESS		CITY, STATE AND ZIP CODE	
COUNTY			
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLORED <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify)		DATE DISCRIMINATION TOOK PLACE 5/19/2022	
		<input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
<p>I was employed with the of Georgia Department of Human Services as a Social Service Specialist for the Fulton County Department of Family and Children Services ("DFCS). I worked with Social Workers to provide child protective services for children in the Fulton County foster care system. We served predominantly Black families and children.</p> <p>I along with other African American employees complained to Leadership Officials about excessive workloads, lack of resources, the inability to perform follow up assessments with families and children in need, and unsafe working conditions caused by Respondent allowing teenage foster care children to reside in the office building where we worked daily, subjected to dangerous conditions, unsafe housing and insufficient oversight.</p> <p>Workers in my office were advised that the Cherokee County DFCS White workers, all failed to report to work for one day in April or May 2022, to get Leadership to address their grievances. Regional Leadership addressed the Cherokee County workers' concerns, and some Cherokee workers received pay increases.</p> <p>On May 12, 2022, I along with several African American social workers in Fulton County were out sick for various reasons. I received prior approval to be absent on May 12, 2022. On May 13, 2022, Respondent suspended us all without pay. On May 19, 2022, Respondent terminated my employment, along with several African-American workers. [Continued below].</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - (When necessary for State and Local Requirements)	
I declare under penalty of perjury that the foregoing is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
11 / 07 / 2022 Date <div style="text-align: center;"> Charging Party (Signature)</div>		SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)	

EEOC FORM 5 (REV 3101)

I believe I have been discriminated against because of my race and that African Americans have been subjected to discrimination as a class in violation of Title VII of the Civil Rights Act of 1964, as amended.

CHARGE OF DISCRIMINATION		AGENCY <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	CHARGE NUMBER 410-2023-07919
This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.			
and EEOC			
State or local Agency, if any			
NAME (Indicate Mr., Ms., Mrs.) RECEIVED AT ATDO EEOC ON 11/9/2022 Ms. Stella Okonobo		HOME TELEPHONE (Include Area Code) 678-499-7155	
STREET ADDRESS 5940 Yellowood Court		CITY, STATE AND ZIP CODE College Park, GA 30349	
DATE OF BIRTH <div style="background-color: black; width: 100px; height: 20px;"></div>			
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)			
NAME State of Georgia/DHS	NUMBER OF EMPLOYEES, MEMBERS 501+	TELEPHONE (Include Area Code) 404-656-5680	
STREET ADDRESS 2 Peachtree Street		CITY, STATE AND ZIP CODE Atlanta, GA 30303	
		COUNTY Fulton	
NAME		TELEPHONE NUMBER (Include Area Code)	
STREET ADDRESS		CITY, STATE AND ZIP CODE	
		COUNTY	
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))		DATE DISCRIMINATION TOOK PLACE	
<input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLORED <input type="checkbox"/> SEX <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> OTHER (Specify)		5/19/2022 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): I was employed with the of Georgia Department of Human Services as a Social Service Case Manager for the Fulton County Department of Family and Children Services ("DFCS). I worked with Social Workers to provide child protective services for children in the Fulton County foster care system. We served predominantly Black families and children. I along with other African American employees complained to Leadership Officials about excessive workloads, lack of resources, the inability to perform follow up assessments with families and children in need, and unsafe working conditions caused by Respondent allowing teenage foster care children to reside in the office building where we worked daily, subjected to dangerous conditions, unsafe housing and insufficient oversight. Workers in my office were advised that the Cherokee County DFCS White workers, all failed to report to work for one day in April or May 2022, to get Leadership to address their grievances. Regional Leadership addressed the Cherokee County workers' concerns, and some Cherokee workers received pay increases. On May 12, 2022, I along with several African American social workers in Fulton County were out sick for various reasons. I was present at work on May 12, 2022. On May 13, 2022, Respondent suspended us all without pay. On May 19, 2022, Respondent terminated my employment, along with several African-American workers. [Continued below].			
I want this charge filed with both the EEOC and the State or local Agency, if any I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - (When necessary for State and Local Requirements)	
I declare under penalty of perjury that the foregoing is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
11 / 07 / 2022 Date		SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)	
Stella Okonobo Charging Party (Signature)			

EEOC FORM 5 (REV 3101)

I believe I have been discriminated against because of my race and that African Americans have been subjected to discrimination as a class in violation of Title VII of the Civil Rights Act of 1964, as amended.

CHARGE OF DISCRIMINATION		AGENCY <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	CHARGE NUMBER 410-2023-07918
This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.			
and EEOC			
<i>State or local Agency, if any</i>			
NAME (Indicate Mr., Ms., Mrs.) RECEIVED AT ATDO EEOC ON 11/9/2022 Ms. Sonovia Jackson		HOME TELEPHONE (Include Area Code) 719-645-5164	
STREET ADDRESS 125 River Walk Farm Pkwy.		CITY, STATE AND ZIP CODE Covington, GA 30014	
DATE OF BIRTH <div style="background-color: black; width: 100px; height: 20px;"></div>			
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)			
NAME State of Georgia/DHS	NUMBER OF EMPLOYEES, MEMBERS 501+	TELEPHONE (Include Area Code) 404-656-5680	
STREET ADDRESS 2 Peachtree Street		CITY, STATE AND ZIP CODE Atlanta, GA 30303	
		COUNTY Fulton	
NAME		TELEPHONE NUMBER (Include Area Code)	
STREET ADDRESS		CITY, STATE AND ZIP CODE	
		COUNTY	
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLORED <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify)		DATE DISCRIMINATION TOOK PLACE 5/19/2022	
		<input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>I was employed with the of Georgia Department of Human Services as a Social Service Specialist-2 for the Fulton County Department of Family and Children Services ("DFCS"). I worked with Social Workers to provide child protective services for children in the Fulton County foster care system. We served predominantly Black families and children.</p> <p>I along with other African American employees complained to Leadership Officials about excessive workloads, lack of resources, the inability to perform follow up assessments with families and children in need, and unsafe working conditions caused by Respondent allowing teenage foster care children to reside in the office building where we worked daily, subjected to dangerous conditions, unsafe housing and insufficient oversight.</p> <p>Workers in my office were advised that the Cherokee County DFCS White workers, all failed to report to work for one day in April or May 2022, to get Leadership to address their grievances. Regional Leadership addressed the Cherokee County workers' concerns, and some Cherokee workers received pay increases.</p> <p>On May 12, 2022, I along with several African American social workers in Fulton County were out sick for various reasons. I was out on approved medical leave prior to and on May 12, 2022. On May 13, 2022, Respondent suspended us all without pay. On May 19, 2022, Respondent terminated my employment, along with several African-American workers. [Continued below].</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - (When necessary for State and Local Requirements)	
		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
I declare under penalty of perjury that the foregoing is true and correct.		SIGNATURE OF COMPLAINANT	
11 / 07 / 2022 Date Sonovia Jackson Charging Party (Signature)		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)	

EEOC FORM 5 (REV 3101)

I believe I have been discriminated against because of my race and that African Americans have been subjected to discrimination as a class in violation of Title VII of the Civil Rights Act of 1964, as amended.

CHARGE OF DISCRIMINATION

AGENCY

CHARGE NUMBER

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

☐

FEPA

☒

EEOC

410-2023-07894

and EEOC

State or local Agency, if any

NAME (Indicate Mr., Ms., Mrs.)

Ms. Alexis Malone

HOME TELEPHONE (Include Area Code)

678-651-0019

STREET ADDRESS

CITY, STATE AND ZIP CODE

159 Wilson Circle

Newnan, GA 30263

H

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME

State of Georgia/DHS

NUMBER OF EMPLOYEES, MEMBERS

501+

TELEPHONE (Include Area Code)

404-656-5680

STREET ADDRESS

CITY, STATE AND ZIP CODE

2 Peachtree Street

Atlanta, GA 30303

COUNTY

Fulton

NAME

ATDO Received on 11/9/2022

TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

☒

RACE

☐

COLOR

☐

SEX

☐

RELIGION

☐

NATIONAL ORIGIN

☒

RETALIATION

☐

AGE

☐

DISABILITY

☐

OTHER (Specify)

DATE DISCRIMINATION TOOK PLACE

5/19/2022

☒

CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I was employed with the of Georgia Department of Human Services as a Social Service Supervisor for the Fulton County Department of Family and Children Services ("DFCS"). I worked with Social Workers to provide child protective services for children in the Fulton County foster care system. We served predominantly Black families and children.

I along with other African American employees complained to Leadership Officials about excessive workloads, lack of resources, the inability to perform follow up assessments with families and children in need, and unsafe working conditions caused by Respondent allowing teenage foster care children to reside in the office building where we worked daily, subjected to dangerous conditions, unsafe housing and insufficient oversight.

Workers in my office were advised that the Cherokee County DFCS White workers, all failed to report to work for one day in April or May 2022, to get Leadership to address their grievances. Regional Leadership addressed the Cherokee County workers' concerns, and some Cherokee workers received pay increases.

On May 12, 2022, I along with several African American social workers in Fulton County were out sick for various reasons. I received prior approval to be absent on May 12, 2022. On May 13, 2022, Respondent suspended us all without pay. On May 19, 2022, Respondent terminated my employment, along with several African-American workers. [Continued below].

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - (When necessary for State and Local Requirements)

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF COMPLAINANT

11 / 07 / 2022

Alexis Malone

Date

Charging Party (Signature)

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(Day, month, and year)

EEOC FORM 5 (REV. 3/01)

I believe I have been discriminated against because of my race and that African Americans have been subjected to discrimination as a class in violation of Title VII of the Civil Rights Act of 1964, as amended.

CHARGE OF DISCRIMINATION

AGENCY

CHARGE NUMBER

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

☐

FEPA

☒

EEOC

410-2023-07936

and EEOC

State or local Agency, if any

NAME (Indicate Mr., Ms., Mrs.)

Ms. Regina Mayo

HOME TELEPHONE (Include Area Code)

252-288-7620

STREET ADDRESS

CITY, STATE AND ZIP CODE

12410 Reserve Dr.

Atlanta, GA 30319

TH

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME

State of Georgia/DHS

NUMBER OF EMPLOYEES, MEMBERS

501+

TELEPHONE (Include Area Code)

404-656-5680

STREET ADDRESS

CITY, STATE AND ZIP CODE

2 Peachtree Street

Atlanta, GA 30303

COUNTY

Fulton

NAME

ATDO Received on 11/9/2022

TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

☒

RACE

☐

COLOR

☐

SEX

☐

RELIGION

☐

NATIONAL ORIGIN

☒

RETALIATION

☐

AGE

☐

DISABILITY

☐

OTHER (Specify)

DATE DISCRIMINATION TOOK PLACE

5/19/2022

☒

CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I was employed with the of Georgia Department of Human Services as a Social Service Supervisor for the Fulton County Department of Family and Children Services ("DFCS"). I worked with Social Workers to provide child protective services for children in the Fulton County foster care system. We served predominantly Black families and children.

I along with other African American employees complained to Leadership Officials about excessive workloads, lack of resources, the inability to perform follow up assessments with families and children in need, and unsafe working conditions caused by Respondent allowing teenage foster care children to reside in the office building where we worked daily, subjected to dangerous conditions, unsafe housing and insufficient oversight.

Workers in my office were advised that the Cherokee County DFCS White workers, all failed to report to work for one day in April or May 2022, to get Leadership to address their grievances. Regional Leadership addressed the Cherokee County workers' concerns, and some Cherokee workers received pay increases.

On May 12, 2022, I along with several African American social workers in Fulton County were out sick for various reasons. I received prior approval to be absent on May 12, 2022. On May 13, 2022, Respondent suspended us all without pay. On May 19, 2022, Respondent terminated my employment, along with several African-American workers. [Continued below].

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - (When necessary for State and Local Requirements)

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF COMPLAINANT

11 / 08 / 2022

Regina Mayo


Date

Charging Party (Signature)

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(Day, month, and year)


EEOC FORM 5 (REV. 3/01)

I believe I have been discriminated against because of my race and that African Americans have been subjected to discrimination as a class in violation of Title VII of the Civil Rights Act of 1964, as amended.

CHARGE OF DISCRIMINATION		AGENCY <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	CHARGE NUMBER 410-2023-07935
This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.			
and EEOC			
State or local Agency, if any			
NAME (Indicate Mr., Ms., Mrs.) Ms. Brittany Reese		HOME TELEPHONE (Include Area Code) 214-984-8968	
STREET ADDRESS 792 Boston Common		CITY, STATE AND ZIP CODE Atlanta, GA 30349	
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)			
NAME State of Georgia/DHS	NUMBER OF EMPLOYEES, MEMBERS 501+	TELEPHONE (Include Area Code) 404-656-5680	
STREET ADDRESS 2 Peachtree Street		CITY, STATE AND ZIP CODE Atlanta, GA 30303	
NAME ATDO Received on 11/9/2022		TELEPHONE NUMBER (Include Area Code)	
STREET ADDRESS		CITY, STATE AND ZIP CODE	
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))		DATE DISCRIMINATION TOOK PLACE	
<input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify)		5/19/2022 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>I was employed with the of Georgia Department of Human Services as a Social Service Specialist II for the Fulton County Department of Family and Children Services ("DFCS"). I worked with Social Workers to provide child protective services for children in the Fulton County foster care system. We served predominantly Black families and children.</p> <p>I along with other African American employees complained to Leadership Officials about excessive workloads, lack of resources, the inability to perform follow up assessments with families and children in need, and unsafe working conditions caused by Respondent allowing teenage foster care children to reside in the office building where we worked daily, subjected to dangerous conditions, unsafe housing and insufficient oversight.</p> <p>Workers in my office were advised that the Cherokee County DFCS White workers, all failed to report to work for one day in April or May 2022, to get Leadership to address their grievances. Regional Leadership addressed the Cherokee County workers' concerns, and some Cherokee workers received pay increases.</p> <p>On May 12, 2022, I along with several African American social workers in Fulton County were out sick for various reasons. I was on an approved pregnancy-related medical leave on May 12, 2022. On May 13, 2022, Respondent suspended us all without pay. On May 19, 2022, Respondent terminated my employment, along with several African-American workers. [Continued below].</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - (When necessary for State and Local Requirements)	
I declare under penalty of perjury that the foregoing is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
Date 11 / 08 / 2022 Charging Party (Signature) 		SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)	

EEOC FORM 5 (REV. 3/01)

I believe I have been discriminated against because of my race and that African Americans have been subjected to discrimination as a class in violation of Title VII of the Civil Rights Act of 1964, as amended, and the Pregnancy Discrimination Act of 1978.

CHARGE OF DISCRIMINATION		AGENCY <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	CHARGE NUMBER 410-2023-07913
This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.			
and EEOC			
State or local Agency, if any			
NAME (Indicate Mr., Ms., Mrs.) Ms. Cornelia Ziana		HOME TELEPHONE (Include Area Code) 404-663-2132	
STREET ADDRESS 2448 Northbrook Road		CITY, STATE AND ZIP CODE Snellville, GA 30039	DATE OF BIRTH <div style="background-color: black; width: 100px; height: 20px;"></div>
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)			
NAME State of Georgia/DHS		NUMBER OF EMPLOYEES, MEMBERS 501+	TELEPHONE (Include Area Code) 404-656-5680
STREET ADDRESS 2 Peachtree Street		CITY, STATE AND ZIP CODE Atlanta, GA 30303	COUNTY Fulton
NAME ATDO Received on 11/9/2022		TELEPHONE NUMBER (Include Area Code)	
STREET ADDRESS		CITY, STATE AND ZIP CODE	COUNTY
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))			DATE DISCRIMINATION TOOK PLACE
<input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify)			5/19/2022 <input checked="" type="checkbox"/> CONTINUING ACTION
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>I was employed with the of Georgia Department of Human Services as a Social Service Specialist for the Fulton County Department of Family and Children Services ("DFCS). I worked with Social Workers to provide child protective services for children in the Fulton County foster care system. We served predominantly Black families and children.</p> <p>I along with other African American employees complained to Leadership Officials about excessive workloads, lack of resources, the inability to perform follow up assessments with families and children in need, and unsafe working conditions caused by Respondent allowing teenage foster care children to reside in the office building where we worked daily, subjected to dangerous conditions, unsafe housing and insufficient oversight.</p> <p>Workers in my office were advised that the Cherokee County DFCS White workers, all failed to report to work for one day in April or May 2022, to get Leadership to address their grievances. Regional Leadership addressed the Cherokee County workers' concerns, and some Cherokee workers received pay increases.</p> <p>On May 12, 2022, I along with several African American social workers in Fulton County were out sick for various reasons. I received prior approval to be absent on May 12, 2022. On May 13, 2022, Respondent suspended us all without pay. On May 19, 2022, Respondent terminated my employment, along with several African-American workers. [Continued below].</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - (When necessary for State and Local Requirements)	
I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.		SIGNATURE OF COMPLAINANT	
I declare under penalty of perjury that the foregoing is true and correct.		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)	
11 / 08 / 2022 Date		 Charging Party (Signature)	

EEOC FORM 5 (REV. 3/01)

I believe I have been discriminated against because of my race and that African Americans have been subjected to discrimination as a class in violation of Title VII of the Civil Rights Act of 1964, as amended.